



**CITY OF POST FALLS  
AMERICANS WITH DISABILITIES ACT (ADA)  
REQUEST FOR REASONABLE ACCOMMODATION**

(This form is to be used to request ADA Reasonable Accommodation in the provision of services, programs, activities, or benefits provided by the City of Post Falls.

**Instructions:**

If you are the person we should contact, please submit your information and your preferred method of contact.

If you are completing this form for another individual, please submit their contact information and their preferred method of contact.

If you would like to include additional information, please provide that information and attach it to this form.

**Your Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**I am the Requestor**

**I am representing the Requestor**

Requestor's Contact Information		
Name: _____		
Complete Street Address and Zip Code: _____		
Telephone Number: _____		
Email Address: _____		
Preferred Method of Contact: Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>
Representative's Information		
Name: _____		
Complete Street Address and Zip Code: _____		
Telephone Number: _____		
Email Address: _____		
Preferred Method of Contact: Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>

**REQUEST FOR REASONABLE ACCOMMODATION**

- I am requesting a reasonable accommodation that will allow me to participate in a City of Post Falls service, program, or activity.

Service, program, or activity's name and date: \_\_\_\_\_



- 2. My specific functional limitation is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. The reasonable accommodation requested is \_\_\_\_\_  
 \_\_\_\_\_
- 4. Have you made a request for a reasonable accommodation previously? Yes  No   
 If yes, when was it requested and what was the outcome? \_\_\_\_\_  
 \_\_\_\_\_

**Note:** If you would like to include additional information, please attach it to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form not more than 60 days from the date of the alleged discrimination.

Shannon Howard  
 City Clerk/ADA Coordinator  
 Post Falls City Hall  
 408 N Spokane St.  
 Post Falls, ID 83854

Email: [showard@postfallsidaho.org](mailto:showard@postfallsidaho.org)  
 Phone: (208) 773-3511  
 Fax: (208) 773-8362  
 TDD: (208) 457-3349

The City’s ADA Coordinator or her designee will contact you to discuss your request within fifteen days (15) of the receipt of this form and any accompanying information.

The City of Post Falls does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Shannon Howard, ADA Coordinator has been designated to coordinate compliance with the ADA non-discrimination requirements.